

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter claimed and for which a patent is sought on the invention entitled:

**METHODS AND COMPOSITIONS FOR THE TREATMENT OR PREVENTION OF
HUMAN IMMUNODEFICIENCY VIRUS AND RELATED CONDITIONS USING
CYCLOOXYGENASE-2 SELECTIVE INHIBITORS AND ANTIVIRAL AGENTS**

The specification of which, with any Preliminary Amendment, (check one)

☒ [X] is attached hereto

☐ [] was filed on _____ as United States Application Serial No. _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a)

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority Claimed

PCT/US / PCT
 (Number) (Country) (Day/month/year filed)

☐ []Yes ☐ []No

I hereby claim the benefit under Title 35, United States Code, §119(e) and §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(US Patent No.)	(Filing date)	(Issue Date)
(Application Serial No.) 60/443,910	(Filing date) January 31, 2003	(Status) Provisional

POWER OF ATTORNEY

As a named inventor, I hereby appoint as attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith the following attorneys ad agents, their registration numbers being listed after their names:

S. Christopher BAUER, Reg. No. 42,307
Julie S. CHAPPELL, Reg. No. 46,612
Kenton N. FEDDE, Reg. No. 54,701
J. Timothy KEANE, Reg. No. 27,808
Scott J. MEYER, Reg. No. 25,275
Rachel A. POLSTER, Reg. No. 47,004

Philip B. POLSTER II, Reg. No. 43,864
Thomas RIZZO, Reg. No. 41,272
Joseph R. SCHUH, Reg. No. 48,180
James M. WARNER, Reg. No. 45,199
Scott A. WILLIAMS, Reg. No. 39,876

All correspondence and telephone communications should be addressed to:

Customer Number: 26648
James M. Warner, Reg. No. 45,199
Te: (314) 274-3642

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1.)	LAST NAME	FIRST NAME	MIDDLE NAME
FULL NAME OF INVENTOR	MAZIASZ	TIMOTHY	
RESIDENCE & CITIZENSHIP	CITY Northbrook	STATE IL	COUNTRY USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1817 Heather Lane	CITY Northbrook	STATE OR COUNTRY IL
SIGNATURE OF INVENTOR 1		DATE	ZIP CODE 60062